

FILED
08 JUN 27 PM 1:41
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

RAYMOND KING FERNANDES

Plaintiff,

vs. F.B.I. OFFICER FREEMAN

DEPUTY DISTRICT ATTORNEY
ROBERT C. ALOE

ALAMEDA COUNTY SHERIFFS DEPT. 06-24445
Defendant.

OAKLAND SUPERIOR COURT - JUDGE
HARRY T. GOODMAN

CV 08 2989
CASE NO.

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

(PR)

I, RAYMOND K. FERNANDES, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 SSI DISABLED \$ 750.00

5 _____
 6 _____
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No X
 10 self employment

11 b. Income from stocks, bonds, Yes ___ No X
 12 or royalties?

13 c. Rent payments? Yes ___ No X

14 d. Pensions, annuities, or Yes ___ No X
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes ___ No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____

23 3. Are you married? Yes ___ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

5. Do you own or are you buying a home? Yes ___ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ___ No ☒

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ___ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ___ No ☒ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No ☒

8. What are your monthly expenses?

Rent: \$ _____ Utilities: _____

Food: \$ _____ Clothing: _____

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

NO

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☒ No ☐

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

PRISON HEALTH SERVICES - NURSE TERRY, DR BACHELDER OFFICER D. L. BARLOW
C-07-5015 NORTHERN CALIF. U.S. DISTRICT COURT

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

6-25-08

DATE

Raymond King Fernandez

SIGNATURE OF APPLICANT

**CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE
FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).**

6/11/2008
2:49:25PM

**NAPA STATE HOSPITAL
TRUST ACCOUNT / CASHIERS' SYSTEM II
Patient Ledger Report**

Page 1 of 1

2073344 FERNANDEZ, RAYMOND

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	01/05/2008	18-075550	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
2	01/10/2008	13-154989	Cash Disbursement	cl v533	\$12.50		\$0.00
3	02/04/2008	18-075609	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
4	02/07/2008	13-155154	Cash Disbursement	cl v610	\$12.50		\$0.00
5	03/05/2008	18-075697	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
6	03/10/2008	13-155380	Cash Disbursement	cl v690	\$12.50		\$0.00
7	04/04/2008	18-075793	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
8	04/07/2008	13-155579	Cash Disbursement	cl v765	\$12.50		\$0.00
9	05/04/2008	18-075893	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
10	05/05/2008	13-155792	Cash Disbursement	CASHLIST v-851	\$12.50		\$0.00
11	06/03/2008	18-075975	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
12	06/09/2008	13-156006	Cash Disbursement	CL V946	\$12.50		\$0.00

TOTAL WITHDRAWALS / DEPOSITS:

\$75.00

\$75.00

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of RAYMOND K. FERNANDES for the last six months
[prisoner name]
NAPA STATE HOSPITAL where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 12.50 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.00

Dated: 6.17.08

[Signature]
[Authorized officer of the institution]

6/17/08

LINE

ALL PRISONER'S ACCOUNTS

CELL A

KAY FERNANDES Q546
2100 NAPA VALLEY HWY
NAPA CA 94558-6298

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LEGAL MAIL

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT
450 GOLDEN GATE AVE
PO BOX 36060
SAN FRANCISCO CA 94102-9680



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

